

Phone: 852-2218
Fax: 852-1553

Norwalk Hospital

Fax

To: Commissioner Cristine Vogel
Office of Health Care Access

From: David W. Osborne

Fax: 860-418-7053

Date: April 30, 2004

Phone:

Pages: 16

Re: Letter of Intent

CC:

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

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2004 APR 29 AM 8:06
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HEALTH CARE ACCESS

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2004 MAY -3 AM 8:59
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HEALTH CARE ACCESS



David W. Osborne
President

RECEIVED

2004 APR 30 AM 8:06

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

Norwalk Hospital

Norwalk,
Connecticut 06856

April 30, 2004

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

2004 MAY -3 AM 8:59

RECEIVED

Via Facsimile and Certified Mail

Commissioner Cristine Vogel
Office of Health Care Access
410 Capitol Avenue, MS 13HCA
Post Office Box 340308
Hartford, Connecticut 06134

RE: Letter of Intent to Establish an Interventional Cardiology and Cardiac Surgery Service At Norwalk Hospital

Dear Commissioner Vogel:

Pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes, Norwalk Hospital is submitting this Letter of Intent to establish an Interventional Cardiology and Cardiac Surgery Service at Norwalk Hospital. The proposed project seeks to build upon the Norwalk Hospital existing cardiac and critical care services and offer the full continuum of cardiac care to provide Norwalk Hospital physicians and their patients immediate and convenient access to state-of-the-art cardiac therapeutic modalities. Through collaboration with two (2) Bridgeport-based Cardiac Surgery physician groups: Cardiovascular & Thoracic Surgery Specialists, PC located at 267 Grant Street Bridgeport, Connecticut and Cardiothoracic Vascular Physicians located at 2800 Main Street, Bridgeport, Connecticut, Norwalk Hospital, through this Letter Of Intent application proposes the development of regionalized cardiovascular services care delivery model - "One Team Three Sites of Service".

This type of service delivery model could: maximize scarce surgical resources; reach a broad geographic coverage area; and offer the vehicle to improve clinical outcomes based on immediate access to care with a team of proven and locally-based clinical leaders in the delivery of cardiovascular services.

We look forward to presenting our Certificate Of Need Application to your office with the aspiration of seeking regulatory approval to offer a cardiovascular care delivery model to the greater Norwalk community that can provide not only crucial local and immediate access to care but also serve as a resource to proximate non-open heart providers that are currently seeking to expand cardiac services at their location. Thus better enabling us in the fulfillment of our mission to those whom we serve.

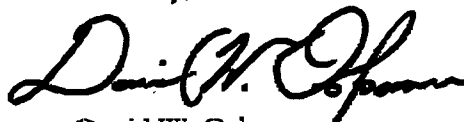
Commissioner Cristine Vogel
Office of Health Care Access
April 30, 2004
Page 2

Please forward correspondence related to this project to:

Susan Santoro
Director, Program and Business Development
Norwalk Hospital
34 Maple Street
Norwalk, CT 06856

Please feel free to contact me should you have any questions regarding this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "David W. Osborne". The signature is fluid and cursive, with the first name "David" being the most prominent.

David W. Osborne
President and Chief Executive Officer

cc: Paul E. Nurick
Susan Santoro
Frank Murhpy, Esq.



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	The Norwalk Hospital Association	
Doing Business As	Norwalk Hospital	
Name of Parent Corporation	Norwalk Health Services Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	34 Maple Street Norwalk, Connecticut 06856	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Susan Santoro Director, Program and Business Development	
Contact person's street mailing address	34 Maple Street Norwalk, Connecticut 06586	
Contact person's phone #, fax # and e-mail address	203.852.2025 (telephone) 203.899.5063 (fax) susan.santoro @norwalkhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Establish An Interventional Cardiology and Cardiac Surgery Program At Norwalk Hospital

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☒ New (F, S, Fnc)

☐ Replacement

☒ Additional (F, S, Fnc)

☒ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

☒ New

☐ Replacement

☒ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

34 Maple Street, Norwalk, Connecticut 06856

d. List all the municipalities this project is intended to serve: See Attachment I

e. Estimated starting date for the project: January 2005

f. Type of project: 1 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ _____
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	\$ 2,100,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$ 2,100,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 2,100,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT (NOT APPLICABLE)

Applicant: _____

Project Title: _____

I, _____,
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that _____ complies with the appropriate and
(Facility Name)
applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature_____
Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Attachment I

The geographic coverage area for Norwalk Hospital's Interventional Cardiology and Cardiac Surgery Program is as follows:

Connecticut

Bethel
Brookfield
Danbury
Darien
Greenwich
New Canaan
New Fairfield
Newtown
Norwalk
Redding
Ridgefield
Sherman
Stamford
Weston
Westport
Wilton

New York State

Bedford
Harrison
Lewisboro
Mamaroneck
North Salem
Port Chester
Pound Ridge
Rye
White Plains

**INTERVENTIONAL CARDIOLOGY AND CARDIAC SURGERY SERVICE AT NORWALK HOSPITAL
"ONE TEAM THREE SITES OF SERVICE"**

Project Description

Norwalk Hospital seeks to establish a collaborative Interventional Cardiology and Cardiac Surgery Program ("the Heart Program") to provide Norwalk Hospital physicians and their patients within the service area immediate and crucial access to state-of-the-art cardiac therapeutic modalities. Rapid medical advances and cutting-edge technology have changed the landscape for interventional cardiology and cardiac surgery service delivery such that provisions of these services are no longer limited to the academic medical center environment. Through collaboration with the two (2) Bridgeport-based Cardiac Surgery physician groups: Cardiovascular & Thoracic Surgery Specialists, LLC located at 267 Grant Street Bridgeport, Connecticut and Cardiothoracic Vascular Physicians, PC located at 2800 Main Street, Bridgeport, Connecticut, Norwalk Hospital, through this Letter Of Intent application, proposes the development of a regionalized cardiovascular services care delivery model - "One Team Three Sites of Service".

Norwalk Hospital management has identified several key indicators of health status and demographics of its service area residents, which support the proposed expansion of current cardiac services. Such indicators include cardiac care utilization characteristics of the over age 65 population, the State of Connecticut's public health priorities and national trends in collaborative cardiac care service delivery systems.

In recognition of these factors, Norwalk Hospital management assessed its ability to meet the current and future health care needs of surrounding communities and concluded that delivering progressive quality services could be accomplished through the establishment of an interventional cardiac services program. Lack of immediate access to these life saving services has an adverse effect on the health outcomes of community residents. It is through this Letter Of Intent application that Norwalk Hospital seeks to complete its cardiac care continuum to meet its responsibilities and fulfill its core mission of providing a service range that meets the health care needs of the communities it serves.

BENEFITS OF A NORWALK HOSPITAL-BASED PROGRAM

Norwalk Hospital currently offers a wide-range of cardiac services, including diagnostic cardiac catheterization, and is well positioned to provide cardiac surgery and transcatheter interventions to its service area population. A Norwalk Hospital-based program will benefit the State of Connecticut and its residents in the following ways:

- The program will be based on an existing cardiac and critical care continuum that will serve as its foundation and provide services 24 hours a day, seven days a week
- The "One Team Three Sites of Service" approach to the care delivery of cardiovascular services combines the clinical expertise and proven clinical outcomes of the two (2) cardiac surgery groups based in Bridgeport - Cardiovascular & Thoracic Surgery Specialists LLC and Cardiothoracic Vascular Physicians, PC - to assist in the development of the program and provide the clinical leadership required to ensure program quality and integrity from day one of operation
- The program will eliminate barriers related to travel time and distance through immediate and local access to care
- The program will improve outcomes for patients with acute myocardial infarction (AMI) who would have immediate access to life saving timely access to primary angioplasty - a life saving intervention
- The American College of Cardiology/American Heart Association volume and quality guidelines will be met during the first year of operation
- The new services will have minimal impact on existing programs
- The proposed program will not require construction or renovation, resulting in minimal market entry cost

INNOVATIVE CARE DELIVERY MODEL - "ONE TEAM THREE SITES OF SERVICE"

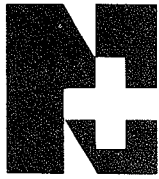
Nationally, as well as in the State of Connecticut, the changing health care environment has given rise to alternative care delivery models for a variety of services. Cardiovascular site of service delivery is experiencing this transformation. The Norwalk Hospital program will incorporate a "One Team Three Sites of Service" delivery approach by providing a third service site for the two (2) Bridgeport-based cardiac surgery physician groups: Cardiovascular & Thoracic Surgery Specialists, LLC and Cardiothoracic Vascular Physicians, PC who already have a collaboration cross-covering their respective cardiac surgery programs. The Norwalk Hospital program will be led by this experienced and proven team of surgeons who offer the following:

- *Known medical leadership* - Currently, the sixteen-member cardiology group affiliated with Norwalk Hospital refers patients to the two (2) cardiac surgery physician groups and have worked with the surgeons for many years in caring for their patients
- *Enhanced continuity of care* - The cardiologists would have ready access to their patients at their community hospital, providing the opportunity to enhance coordination and continuity of care. The Norwalk Hospital cardiologists currently refer their patients to hospitals outside the service area, making it difficult for physicians to follow patients throughout the full continuum of cardiac services
- *Opportunity to improve clinical outcomes* - Local immediate access to care and a surgical team that has proven quality outcomes

Currently, Norwalk Hospital service area residents migrate outside of their local geographical area, including New York State, for interventional cardiology and cardiac surgery services. Given these trends, the likelihood of stemming migration can only be accomplished by offering cardiac surgery at Norwalk Hospital, in collaboration with the same renowned physicians that have developed leading programs for Cardiac Surgery in the State.

Currently, there are no other providers within the Norwalk Hospital service area providing the proposed services or supporting a similar innovative program. The service offerings would include payer sources such as Medicare, Blue Cross, Commercial, and managed care (HMO, PPO).

Providing these life saving interventional cardiology and cardiac surgery services is vital to the Norwalk Hospital mission of meeting the changing healthcare needs of the community it serves. The success of Norwalk Hospital in gaining approval to build upon its existing cardiac and critical care services and offer the full continuum of cardiac care would allow to the hospital to maintain its viability through the transformation of the hospital into a full service provider.



David W. Osborne
President

RECEIVED

2004 MAY -3 PM 12:43

Norwalk Hospital

Norwalk,
Connecticut 06856

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

April 30, 2004

Via Facsimile and Certified Mail

Commissioner Cristine Vogel
Office of Health Care Access
410 Capitol Avenue, MS 13HCA
Post Office Box 340308
Hartford, Connecticut 06134

**RE: Letter of Intent to Establish an Interventional Cardiology and Cardiac
Surgery Service At Norwalk Hospital**

Dear Commissioner Vogel:

Pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes, Norwalk Hospital is submitting this Letter of Intent to establish an Interventional Cardiology and Cardiac Surgery Service at Norwalk Hospital. The proposed project seeks to build upon the Norwalk Hospital existing cardiac and critical care services and offer the full continuum of cardiac care to provide Norwalk Hospital physicians and their patients immediate and convenient access to state-of-the-art cardiac therapeutic modalities. Through collaboration with two (2) Bridgeport-based Cardiac Surgery physician groups: Cardiovascular & Thoracic Surgery Specialists, PC located at 267 Grant Street Bridgeport, Connecticut and Cardiothoracic Vascular Physicians located at 2800 Main Street, Bridgeport, Connecticut, Norwalk Hospital, through this Letter Of Intent application proposes the development of regionalized cardiovascular services care delivery model - "One Team Three Sites of Service".

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Commissioner Cristine Vogel
Office of Health Care Access
April 30, 2004
Page 2

Please forward correspondence related to this project to:

Susan Santoro
Director, Program and Business Development
Norwalk Hospital
34 Maple Street
Norwalk, CT 06856

Please feel free to contact me should you have any questions regarding this proposal.

Sincerely,

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David W. Osborne
President and Chief Executive Officer

cc: Paul E. Nurick
Susan Santoro
Frank Murhpy, Esq.



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2004 MAY -3 PM 12:43

State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

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Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Susan Santoro Director, Program and Business Development	
Contact person's street mailing address	34 Maple Street Norwalk, Connecticut 06586	
Contact person's phone #, fax # and e-mail address	203.852.2025 (telephone) 203.899.5063 (fax) susan.santoro @norwalkhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Establish An Interventional Cardiology and Cardiac Surgery Program At Norwalk Hospital

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

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☒ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition`

☐ Bed Reduction

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☐ Replacement

☒ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

34 Maple Street, Norwalk, Connecticut 06856

d. List all the municipalities this project is intended to serve: See Attachment I

e. Estimated starting date for the project: January 2005

- f. Type of project: 1 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ _____
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
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Total Capital Cost	\$ 2,100,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
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☐ Funded Depreciation ☐ Other (specify): _____

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3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
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7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT (NOT APPLICABLE)

Applicant: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that _____ complies with the appropriate and (Facility Name) applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature _____

Date _____

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

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Attachment I

The geographic coverage area for Norwalk Hospital's Interventional Cardiology and Cardiac Surgery Program is as follows:

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Bethel
Brookfield
Danbury
Darien
Greenwich
New Canaan
New Fairfield
Newtown
Norwalk
Redding
Ridgefield
Sherman
Stamford
Weston
Westport
Wilton

New York State

Bedford
Harrison
Lewisboro
Mamaroneck
North Salem
Port Chester
Pound Ridge
Rye
White Plains

**INTERVENTIONAL CARDIOLOGY AND CARDIAC SURGERY SERVICE AT NORWALK HOSPITAL
“ONE TEAM THREE SITES OF SERVICE”**

Project Description

Norwalk Hospital seeks to establish a collaborative Interventional Cardiology and Cardiac Surgery Program (“the Heart Program”) to provide Norwalk Hospital physicians and their patients within the service area immediate and crucial access to state-of-the-art cardiac therapeutic modalities. Rapid medical advances and cutting-edge technology have changed the landscape for interventional cardiology and cardiac surgery service delivery such that provisions of these services are no longer limited to the academic medical center environment. Through collaboration with the two (2) Bridgeport-based Cardiac Surgery physician groups: Cardiovascular & Thoracic Surgery Specialists, LLC located at 267 Grant Street Bridgeport, Connecticut and Cardiothoracic Vascular Physicians, PC located at 2800 Main Street, Bridgeport, Connecticut, Norwalk Hospital, through this Letter Of Intent application, proposes the development of a regionalized cardiovascular services care delivery model - “One Team Three Sites of Service”.

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BENEFITS OF A NORWALK HOSPITAL-BASED PROGRAM

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INNOVATIVE CARE DELIVERY MODEL - “ONE TEAM THREE SITES OF SERVICE”

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- *Enhanced continuity of care* - The cardiologists would have ready access to their patients at their community hospital, providing the opportunity to enhance coordination and continuity of care. The Norwalk Hospital cardiologists currently refer their patients to hospitals outside the service area, making it difficult for physicians to follow patients throughout the full continuum of cardiac services
- *Opportunity to improve clinical outcomes* – Local immediate access to care and a surgical team that has proven quality outcomes

Currently, Norwalk Hospital service area residents migrate outside of their local geographical area, including New York State, for interventional cardiology and cardiac surgery services. Given these trends, the likelihood of stemming migration can only be accomplished by offering cardiac surgery at Norwalk Hospital, in collaboration with the same renowned physicians that have developed leading programs for Cardiac Surgery in the State.

Currently, there are no other providers within the Norwalk Hospital service area providing the proposed services or supporting a similar innovative program. The service offerings would include payer sources such as Medicare, Blue Cross, Commercial, and managed care (HMO, PPO).

Providing these life saving interventional cardiology and cardiac surgery services is vital to the Norwalk Hospital mission of meeting the changing healthcare needs of the community it serves. The success of Norwalk Hospital in gaining approval to build upon its existing cardiac and critical care services and offer the full continuum of cardiac care would allow to the hospital to maintain its viability through the transformation of the hospital into a full service provider.